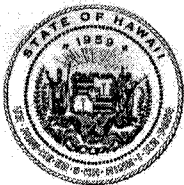


02/16/03



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST | | | |
|---|---------|------------|-----------|
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| O'Day | Linda | | 523-6361 |
| MAILING ADDRESS (Street) | | | FAX |
| 567 South King Street, Suite 200 | | | 523-6365 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| NA | | | NA |
| MAILING ADDRESS (Street) | | | FAX |
| NA | | | NA |
| (City) | (State) | (Zip Code) | |
| NA | NA | NA | |

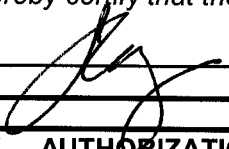
| PART II ORGANIZATION | | | |
|--|---------|------------|-----------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| Kamehameha Schools | | | 523-6200 |
| MAILING ADDRESS (Street) | | | FAX |
| 567 South King Street, Suite 200 | | | 541-5305 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Michael Loo _ Controller | | | 523-6200 |
| MAILING ADDRESS (Street) | | | FAX |
| 567 South King Street, Suite 200 | | | 541-5352 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

| | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |
| | | | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

12-11-02

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Dr. Hamilton McCubbin, Ph.D.

Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Kamehameha Schools

523-6200

MAILING ADDRESS (Street)

FAX

567 South King Street, Suite 200

523-6313

(City)

(State)

(Zip Code)

Honolulu

Hawai'i

96813

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

12/17/02

(Date)